



Attorney's Docket No: 040182

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group No.: 1643

Application No.: 09/722,096

Filed: November 22, 2000

Inventor: Ernest G. Hope

ANTI-ANGIOGENIC CELLULAR
AGENT FOR CANCER THERAPY

Examiner: Christopher H. Yaen

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is:

- ☒ a small entity. A statement that this filing is by a small entity is hereby asserted in accordance with the rule change effective September 8, 2000, 65 Fed. Reg. 54603.
- ☐ Other than a small entity.

05/11/2006 FFANAEIA 00000093 503455 09722096

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EXTENSION OF TIME

NOTE:

"Extension of Time in Patent Cases (Supplement Amendments) - If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G.34-35).

NOTE: See 37 CFR 1.645 for extensions of time in interference proceedings, and 37 CFR 1.550(c) for extensions of time in reexamination proceedings.

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(complete (a) or (b), as applicable)

(a) ☒ Applicant petitions for an extension of time under 38 CFR 1.136
(fees: 37 CFR 1.17(a)-(d) for the total number of months checked below:

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input checked="" type="checkbox"/> two months	\$ 450.00	\$225.00
<input type="checkbox"/> three months	\$ 1,020.00	\$510.00
<input type="checkbox"/> four months	\$1,590.00	\$795.00
	Fee \$	\$0.00

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$225.00

OR

(b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	ADDIT. FEE
TOTAL 73*	MINUS 92**	=0	X\$25=	\$0		X\$50= \$0
INDEP. 10*	MINUS 12***	=0	X\$100=	\$0		X\$100= \$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+\$180=	\$0		+\$360= \$0
			TOTAL	\$0	OR	TOTAL \$0
			ADDIT. FEE			ADDIT. FEE

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 3, enter "3."

The "Highest No. Previously Paid for" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING "After final rejection or action (§ 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR § 1.116(a) (emphasis added).

Complete (c) or (d), as applicable)

- (c) ☒ No additional fee for claims is required.

OR

- (d) ☐ Total additional fee for claims required \$ 0.00

FEE PAYMENT

5. ☐ Attached is a check in the sum of \$ 0.00.

☒ Authorization is hereby made to charge the amount of \$225.00 to Deposit Account No. 50-3455.

- ☒ Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 50-3455.

FEE DEFICIENCY

NOTE: *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6. ☒ You are hereby authorized to charge Account No. 50-3455 if any additional extension fee and/or other fee is/are required under 37 C.F.R §§ 1.16 or 1.17,.

AND/OR

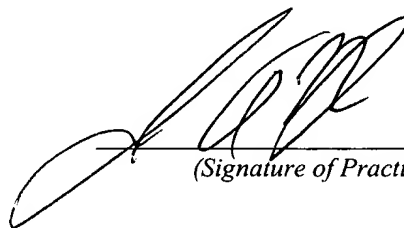
- ☒ You are hereby authorized to charge Account No. 50-3455 if any additional fee for claims is required.

A duplicate of this paper is attached.

Reg. No.: 40,016

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(Signature of Practitioner)

Jesse A. Hirshman
(type or print name of attorney)

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